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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT #

SIGNATURE

L12441

(6)

ABLE TOWING AND AUTO REPAIR, INC.

ABLE TOWING AND A	Of O HEI FALL, INC.				
Principal Place of Business	Mailing Add	iress		E LOS JADAN CON CINENT DIDIA DIDIA BIBI	AN SIND MINDI MANIS MINDIS NINDI NINDI MENTU DENIS SONI
238 N. COTTAGE HILL RD BOX 61643	BOX 616				
ORLANDO FL 32861	ORLAND	O FL 32861		3. Date Incorporated or Qualified 08/28/1989	3a. Date of Last Report 04/28/1995
2. Principal Place of Business	2a. Mailing	Address		4, FEI Number	Applied For
	26			59-3031774	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.	Suite, A	pt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State	City & S	State		6. Election Campaign Financing	\$5.00 May Be
	28			Trust Fund Contribution	Added to Fees
Zip Cour	·	ļ	Country	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032, [7] No
25 a Nome and Ada	29 Iress of Current Registered Ag	aent 30		10. Name and Address of New I	
9. Name and Add	ness of Culterit Hogistolog A		81 Name		
LENNON, WARE			82 Street Add	ress (P.O. Box Number is Not Acceptal	ble)
6710 LUMPKIN DR.			Street Add	1655 (
ORLANDO FL 32810			83		
0			84 City		85 Zip Code
					FL 80 2000
or registered agent or both and	ine State of Florida. Such Charles	Was authorized by	e above-named corpo the corporation's boa	oration submits this statement for the pu ard of directors. I hereby accept the app	pointment as registered agent. I am
familiar with, and coept the ob	ligations of, Section 607.0505, Fi	orida Statutes.			04-22-96
	~ ///////				01-2216
SIGNATURE JUNIO	COOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOC	NOTE BA	cistored Agent signature require	ed when reinstating)	DATE
Signatul typed or printed na	one of registered agent and title if applicable	(NOTE: Re	gistered Agent signature requirement.		FICERS AND DIRECTORS IN 12
Signatul typed or printed na	OFFICERS AND DIRECTORS	(NOTE: Re			
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